

APPLICATION FOR A TAX EXEMPTION

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

IN THE MATTER OF THE APPLICATION OF

NAME (Owner of Record)

ADDRESS (Street, Box No.)

DOCKET NO. -TX
(For Office Use Only)

CITY STATE ZIP

FOR EXEMPTION FROM AD VALOREM TAXATION IN COUNTY, KANSAS.

- 1. Clearly identify the real and/or personal property at issue. For real property, provide the legal description, the common description, including street address, city, county, and state, a description of all improvements, and attach a copy of the deed. For personal property, provide an itemized list of all items, including the acquisition date(s), and any legal documentation of ownership. (If the description is lengthy, attach additional pages to this form.)

Blank lines for property description.

- 2. If this is personal property, where was the property located on January 1 of the year you request the exemption to begin? (Provide the street address, city, county and state.)

Blank lines for location of personal property.

- 3. Is the subject property leased? If yes, attach a copy of the lease agreement. Yes No

- 4. Indicate all uses you make of the subject property.

Blank lines for uses of property.

- 5. Indicate how often you use the subject property for this purpose(s).

Blank lines for frequency of use.

- 6. Indicate all other individuals, groups, or organizations that use the subject property. Explain in detail how each individual or entity uses the property.

Blank lines for other users of property.

7. Indicate whether or not a fee is charged in relation to the use of the subject property. If a fee is charged, please explain in detail why there is a fee, how that fee is determined or calculated, and what purpose the fee serves.

8. Indicate the date you acquired ownership of the subject property: _____

Indicate the date the property was first used for exempt purposes: _____

If the property is new construction, indicate the date construction commenced and ended: _____

9. Have you paid the tax at issue? _____ Yes (Provide a copy of tax receipt) _____ No

If yes, for what year(s)? _____

10. Indicate which statute authorizes the exemption and attach the applicable addition to this application. (REFER TO THE STATUTE SCHEDULE FORM FOR ASSISTANCE IN IDENTIFYING THE CORRECT EXEMPTION STATUTE.)

11. Explain in detail why this is the applicable statute. _____

12. Do you request a hearing on the application for exemption? _____ Yes _____ No

APPLICANT:

NAME (Print/Type Information) _____ ADDRESS _____ (Street)

BY _____ (City) (State) (Zip)

TITLE _____ Phone No. () _____

VERIFICATION

STATE OF KANSAS, COUNTY OF _____, ss:

I, _____, applicant herein, do solemnly swear that the information set forth in this application and any additions or attachments thereto, is true and correct, to the best of my knowledge and belief. So help me God.

Applicant Signature

Subscribed and sworn to before me this _____ day of _____.

S E A L

Notary Public

My appointment expires: _____

